

Exhibit 2; Inmate Clergy Record

Oklahoma State Penitentiary
Inmate's Clergy/Spiritual Advisor/Minister Request Form & Verification Process

Inmate requesting Clergy/Minister approval for Clergy visits, phone calls, officiate marriages, hospice/end-of-life visit or attend their execution, etc. Inmate is required to complete the minimum amount of information, as indicated by the ***Bold** typed areas, so the Chaplain can obtain the remaining information required for the verification/vetting process.

*Inmate Name: Scott Eizember *DOC # 497824 *Unit/Cell: A-4-15

*Clergy/Minister Name: Jeffery Hood *Office Phone: (404) 210-6760

*What are you requesting this Clergy/Minister to do? (Please check one or more)

<input checked="" type="checkbox"/> Clergy Visitation	Clergy Response: <u>yes</u>	<u>JH</u>	Viaticum - the giving of the the Eucharist
<input checked="" type="checkbox"/> Clergy Phone Calls	Clergy Response: <u>yes</u>	<u>JH</u>	at the time
<input checked="" type="checkbox"/> Clergy Correspondence	Clergy Response: <u>yes</u>	<u>JH</u>	of death/
<input checked="" type="checkbox"/> Officiate Marriage	Clergy Response: <u>yes</u>	<u>JH</u>	in execution chamber
<input checked="" type="checkbox"/> Attend Execution	Clergy Response: <u>yes</u>	<u>JH</u>	

JK Yes → Other (Please explain)? Be present in execution chamber before I am brought into chamber, laying on of hands, converse with me before, during and through my dying breath and beyond until I am officially declared dead by a qualified Physician. Thank You

*Inmate's Signature: Scott Eizember *Date: 11/25/22

Clergy Information

(This portion is to be completed by the Clergy)

Religious Organization/Affiliation: Old Catholic Church / Diocese of Saint Bernard
 Bishop (Leader) Name: Bishop James St. George Email: Fatherjime Clairvaux
 Office Address: 654 Bethlehem Pike my saint miriam org
 City: Flourtown State: PA Zip Code: 19031 - 1301
 Office Phone: 215 836- 9800 Cell Phone: 267 477 7603

Is this inmate a family member? Yes No

*If yes, what is the relation to this inmate? _____

Clergy/Minister Credential County Courthouse Registration:

State: _____ County: _____ MC - _____ or Book #: _____ Page #: _____

Comments: _____

Clergy Signature: Rev Dr. J. J. J. Date: 12/4/2022

OKLAHOMA DEPARTMENT OF CORRECTIONS
REQUEST FOR RECORD

PLEASE RESPOND TO:

David Prince

Requesting Employee Name

Oklahoma State Penitentiary

PO Box 97 McAlester, OK 74502-0097

Facility Name

Facility Mailing Address

THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY

Please furnish information as indicated concerning the below-described person.

Hood, Jr.

Last Name

Jeffrey

First Name

Kyle

Middle Name

Alias(es)/any other names by which subject is known

Please indicate reason for request (check one):

 Volunteer Intern CLEET Certification Employee background Position being applied for: _____ Visitor check Offender/inmate name & ODOC #: _____ Offender/inmate Parole Sex Offender PSI Early termination New case Delayed sentence Absconder Other: Clergy

10923 Breckenridge Dr. Little Rock AR 72211

Address (street, rural route, box #) City State Zip Code

10/30/1983 male white hazel brown 5'7" 170

DOB GENDER RACE EYE COLOR HAIR COLOR HEIGHT WEIGHT

(mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy)

259712345 NC 0000 30857234

SOCIAL SECURITY NO. DRIVER LICENSE NO. FBI NO. OSBI NO.

Records requested:

<input type="checkbox"/> FBI Record Transcript	<input type="checkbox"/> NCIC — Wanted
<input type="checkbox"/> OSBI Record Transcript	<input type="checkbox"/> Out of State Criminal History — State: _____
<input type="checkbox"/> Department of Public Safety Record	<input type="checkbox"/> Out of State Driver's License — State: _____
<input type="checkbox"/> Other Information Needed: _____	

I certify that the information applied for is necessary in the interest of the due administration of the laws and not for the purpose of assisting a private citizen or for personal use.

Rev. Dr. J. H. J.

Signature

ORI No.

12/4/22

Date

DOC 090211B (R 08/21)

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I hereby request and authorize you to furnish the Oklahoma Department of Corrections with any and all information they may request concerning my work record, educational history, military record, and general reputation. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for volunteer status with the Oklahoma Department of Corrections. This authorization is valid as long as I am a volunteer with the Oklahoma Department of Corrections.

I hereby release you and your organization from any liability of damage that would result from furnishing the information requested above.

Rev Dr. Jeff Hood -
SIGNATURE OF APPLICANT Dec 3 2022
DATE

To The Applicant:

Due to the nature of the work for which you have applied, we may need to check records pertaining to your background. To properly verify your identity, please complete the following information:

10/30/1983 male
Date of Birth (mm/dd/yyyy) Gender

Race or Ethnic Group:

<input checked="" type="checkbox"/> White	<input type="checkbox"/> Black
<input type="checkbox"/> American Indian	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Asian	<input type="checkbox"/> Other _____